

**Recipient Report: Grant or Loan****Version 1.1****Prime Recipient****Reporting Information**

Award Type*	Award Number*	Final Report*
Grant	S-09-MY-06-0021	No

**Award Recipient Information**

Recipient DUNS Number*	Recipient Account Number	Recipient Congressional District*
063541874		16

**Award Information**

Funding Agency Code*	Awarding Agency Code*	Award Date*
8600	8600	8/8/2009
Amount of Award*	CFDA Number*	
\$4,128,763.00	14.257	
Program Source (TAS)*	Sub Account Number for Program Source (TAS)	
86-0193		
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to individuals*	
3	\$4,022,775.00	
Total Number of Payments to Vendors less than	Total Amount of Payments to Vendors less than	
0	\$0.00	
Total Number of Sub Awards less than	Total Amount of Sub Awards less than	
0	\$0.00	

**Award Description\***

The City of San José and County of Santa Clara issued a joint Request For Proposals (RFP) for the administration of their respective Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds in order to create a coordinated network of homelessness prevention and rapid re-housing services and, in doing so, to maximize cross-jurisdictional collaboration, minimize or eliminate any duplication of services, make the application and contracting processes more efficient, and align the program activities and protocols to be as consistent as possible across Santa Clara County. The purpose of the HPRP is to assist individuals and families in the City of San Jose who are at risk of, or currently experiencing homelessness to attain stability and self-sufficiency. The target population for HPRP is households (a single individual or family unit) who need temporary assistance to regain stability. Specifically, HPRP provides mid-term, rather than one-time or long-term assistance to households who are most likely to succeed after HPRP assistance ends. The program employs the Housing First paradigm which places stable housing as the first priority in assisting individuals and families to attain stability and self-sufficiency. In order to provide comprehensive services to clients, HPRP em

**Project Information**

Project Name or Project/Program Title*	Project Status*	Total Federal Amount ARRA Funds Received/Invoiced*
Homelessness Prevention and Rapid Re-housing	Less than 50% completed	\$0.00
Number of Jobs*	Description of Jobs Created*	
3.98	2 positions were created with CTA (a data manager and a HMIS trainer).  6 positions were created with EHC (a grant accountant, a program manager, an intake specialist and 3 case managers).	

**Quarterly Activities/Project Description\***

During this quarter, the City of San Jose met with the sub-recipient to discuss the outreach efforts and review the intake procedures and related forms in October. Agencies began serving the at risk and homeless individuals by providing them with short term or medium term financial assistance and case management in November.

<b>Activity Code (NAICS or NTEE-NPC)*</b>					
1	L06	2			
3		4			
5		6			
7		8			
9		10			
<b>Total Federal Amount of ARRA Expenditure*</b>		<b>Total Federal ARRA Infrastructure Expenditure</b>		<b>Infrastructure Contact Name</b>	
\$6,590.08		\$0.00			
<b>Infrastructure Contact Email</b>		<b>Infrastructure Contact Phone</b>		<b>Infrastructure Contact Phone Ext</b>	
<b>Infrastructure Contact Street Address 1</b>		<b>Infrastructure Contact Street Address 2</b>		<b>Infrastructure Contact Street Address 3</b>	
<b>Infrastructure City</b>		<b>Infrastructure State</b>		<b>Infrastructure Zip Code+4</b>	
<b>Infrastructure Purpose and Rationale</b>					

<b>Primary Place of Performance</b>		
<b>Street Address 1</b>	<b>Street Address 2</b>	<b>City*</b>
200 E. Santa Clara Street		San Jose
<b>State*</b>	<b>Zip Code+4*</b>	<b>Congressional District*</b>
California	951131903	16
<b>Country*</b>		
United States of America		

<b>Recipient Highly Compensated Officers</b>			
<b>Primary Recipient Indication of Reporting</b>	<b>#</b>	<b>Officer Name</b>	<b>Officer Compensation</b>
No	1		
	2		
	3		
	4		
	5		



<b>Recipient Report: Grant or Loan</b>	<b>Version 1.1</b>
<b>Vendors</b>	

<b>Reporting Information</b>
<b>Award Number*</b>
S-09-MY-06-0021

No.	Subaward Number(*)	Vendor DUNS Number(*)	Vendor Name(*)	Vendor HQ ZIP Code+4(*)	Product and Service Description	Payment Amount
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